

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00560599	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014	
Mailing Address 44084 Riverside Pkwy		Amount 1000.00	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.22520
Purpose of Expenditure IE Copywriting	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014	
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014	
Mailing Address 44084 Riverside Pkwy		Amount 1000.00	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.22521
Purpose of Expenditure IE Copywriting	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014	
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Patrick Krason</i>		Date MM / DD / YYYY 12 / 01 / 2014	
		[Electronically Filed]	

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Black Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00560599	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014	
Mailing Address 44084 Riverside Pkwy		Amount 1000.00	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.22522
Purpose of Expenditure IE Copywriting	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014	
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 42545.20		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014	
Mailing Address 44084 Riverside Pkwy		Amount 1000.00	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.22523
Purpose of Expenditure IE Copywriting	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014	
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 43545.20		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Krason
[Electronically Filed]

Date

MM / DD / YYYY
12 / 01 / 2014

Signature

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Black Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00560599		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Electronic Media of the Gulf Coast			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014		
Mailing Address PO Box 4824			Amount 150.00		
City Baton Rouge		State LA	Zip Code 70821		
Purpose of Expenditure Billboard Sign		Category/Type		Transaction ID : SE.22519 Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014	
Name of Federal Candidate MARY L LANDRIEU			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 41545.20			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			4150.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Patrick Krason</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 12 / 01 / 2014		